

10/23/200

APPENDIX A  
APR 20 2006

Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: AN ARRANGEMENT AND METHOD FOR  
ASSESSING TISSUE QUALITIES  
Attorney Docket Number:: 1501-1326  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ANDERS  
Middle Name::  
Family Name:: JOHANSSON  
Name Suffix::  
City of Residence:: NORRKÖPING  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: S:T PERSGATAN 148A,  
Address::  
City of Mailing Address:: NORRKÖPING  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-602 30

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: TOMMY  
Middle Name::  
Family Name:: SUNDQVIST  
Name Suffix::  
City of Residence:: LINKÖPING  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: GIA KALMARVAGEN 43  
Address::  
City of Mailing Address:: LINKÖPING

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE- 585 98

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ÅKE  
Middle Name::  
Family Name:: ÖBERG  
Name Suffix::  
City of Residence:: LJUNGSBRO  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: UGGLEBOVÄGEN 79,  
Address::  
City of Mailing Address:: LJUNGSBRO  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-590 72

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2005/000103	1/27/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0400145-9	1/27/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::